

STATE OF KANSAS
OFFICE OF THE GOVERNOR'S GRANTS PROGRAM
 CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA, KS 66612-1590
 FAX: (785)-291-3204

GRANT PROJECT STATISTICAL REPORT

DUE JANUARY 15TH, APRIL 15TH, JULY 15TH, AND OCTOBER 15TH

Three-Month Reporting Period: _____ Grant Project Number: _____

Name and Address of Subgrantee: _____ Name of Person Completing Form: _____

 Telephone: _____

 Signature: _____

GROUPS	VISITATION	EXCHANGE	TOTAL
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1. Number of <u>New</u> Client Groups:	_____	_____	_____
2. Number of <u>Returning</u> Client Groups:	_____	_____	_____
3. Total Number of <u>New</u> and <u>Returning</u> Client Groups:	_____	_____	_____
4. Number of <u>Continuing</u> Client Groups:	_____	_____	_____

INDIVIDUALS

5. Number of <u>New</u> Individuals:	Adults	_____	_____	_____
	Children	_____	_____	_____
6. Number of <u>Returning</u> Individuals:	Adults	_____	_____	_____
	Children	_____	_____	_____
7. Total Number of <u>New</u> and <u>Returning</u> Individuals:		_____	_____	_____
8. Number of <u>Continuing</u> Individuals:	Adults	_____	_____	_____
	Children	_____	_____	_____

9. Total Number of Supervised Visitation Contacts: _____

10. Total Number of Supervised Exchanged Contacts: _____

11. Total Number of Returning and Continuing Client Groups Formerly Receiving Visitation Services, but Now Receiving Exchange Services: _____

12. Number of Returning and Continuing Client Groups Formerly Receiving Exchange Services, but Now Receiving Visitation Services: _____

New and Returning Individuals**13. Person Responsible for Bringing the Child(ren) to the Program**

Guardian ad litem

CASA

Child Placement Agency

Other (specify)

TOTAL (all categories):**INDIVIDUALS****New and Returning Individuals****14. Race/ Ethnicity:**

White/Caucasian

Black/African American

Native American

Spanish/Hispanic Latino

Asian or Pacific Islander

Bi-Racial

Other (specify)

TOTAL:**Female****Male**

+

=

New and Returning Individuals**15. Age:**

0 to 2

3 to 5

6 to 8

9 to 11

12 to 14

15 to 17

18 to 27

28 to 35

36 to 43

44 to 51

52 to 59

60 +

TOTAL:**Female****Male**

+

=

New and Returning Individuals**16. Special Needs:**

Physical

Mental Health

Non-US Citizen

Non-English Speaking

Other (specify)

TOTAL (all categories):**Adults****Children**

+

=

New and Returning Individuals**17. Sex of Adults:**

Residential

Non-Residential

TOTAL (all categories):**Female****Male**

+

=

GROUPS**New and Returning Client Groups****18. Martial Status :**

Never Married

Married (child's parents married to each other)

Separated

Divorced

TOTAL (all categories):**Visitation****Exchange**

+

=

19. **New and Returning Client Groups**

Source of Referral:

Courts

Private Attorney

Other Family Member(s)

Domestic Violence Program

Mental Health Professional

Self-Referred

Other (specify)

TOTAL (all categories):

20. **New and Returning Client Groups**

Reason for Referral

Partner Abuse

Child Physical Abuse

Child Sexual Abuse

Child Neglect

Substance Abuse

Mental Illness

Flight Risk

Family Re-integration

Other (specify)

TOTAL (all categories):

New and Returning Client Groups

21. **Frequency of Contacts:**

Visitation

Exchange

Monthly

Bimonthly

Weekly

Biweekly

More than twice a week

TOTAL (all categories):

New and Returning Client Groups

22. **Paying for Services:**

Visitation

Exchange

No Payment

Partial Payment

Full Payment

TOTAL (all categories):

New and Returning Client Groups

23. **Participation is:**

Visitation

Exchange

Voluntary

Mandatory

TOTAL (all categories):

24. **Length of Time Client Groups Continue Participating in Service:**

(Cases closed in this quarter)

Visitation

Exchange

1 to 2 months

3 to 5 months

6 to 8 months

10 months to 1 year

2 years

3 years

4 or more years

TOTAL (all categories):

25. **Number of Client Groups Successfully Completing the Service:**

(Cases closed in this quarter)

Visitation

Exchange

+

=

26. **Number of Terminations of Service:**

(Cases closed in this quarter)

27. **Referrals Made During This Reporting Period:**

Drug/Alcohol Treatment

Private Attorney

Domestic Violence Program

Mental Health Professional:

Batterers' Treatment

Other (specify)

TOTAL (all categories):

28. **Number of Client Groups Applying for Service or Referred to Your Program:**

Visitation

Exchange

+

=

TOTAL

29. **Number of Client Groups the Agency is Unable to Serve:**

Security Risk

Inappropriate Referral

Agency Has Reached Maximum Capacity

Client's Financial Inability

Other (specify)

TOTAL (all categories):

30. **Number of Security Related Incidents:**

(Please specify the nature of the incident)